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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FLORIDA BLOOD SERVICES INC Doing Business As Number and street (or P O box if mail is not delivered to street address) PO BOX 22500Room/suite City or town, state or country, and ZIP + 4 ST PETERSBURG, FL 33742	D Employer identification number 59-3145469 E Telephone number (727) 568-1178 G Gross receipts \$ 135,995,638
	F Name and address of principal officer DONALD DODDRIDGE PO BOX 22500 ST PETERSBURG, FL 33742	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.FBSBLOOD.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation 1992		
M State of legal domicile FL		

Part I		Summary	
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities TO MAINTAIN AND SUPPORT A REGIONAL BLOOD PROGRAM TO MEET THE NEEDS OF THE IMMEDIATE AND EXTENDED COMMUNITIES		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1,240
6 Total number of volunteers (estimate if necessary)	6	125	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,543	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,487,952	5,500,850
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	131,415,405	116,976,825
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-69,355	4,303,887
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,075	2,263,356
		132,903,077	129,044,918
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	430,956	353,750
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,499,156	55,053,059
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	76,894,719	60,794,268
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	129,824,831	116,201,077
	19 Revenue less expenses Subtract line 18 from line 12	3,078,246	12,843,841
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	99,764,135	114,178,969
	21 Total liabilities (Part X, line 26)	29,213,366	29,259,325
	22 Net assets or fund balances Subtract line 21 from line 20	70,550,769	84,919,644

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	***** Signature of officer			2011-05-12 Date	
	DON DODDRIDGE CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BYRON C SMITH CPA	Preparer's signature BYRON C SMITH CPA	Date 2011-05-13	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GREGORY SHARER & STUART PA				Firm's EIN ▶
	Firm's address ▶ 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336				Phone no ▶ (727) 821-6161
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO MAINTAIN AND SUPPORT A REGIONAL BLOOD PROGRAM TO MEET THE NEEDS OF THE IMMEDIATE AND EXTENDED COMMUNITIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 108,515,534 including grants of \$ 353,750) (Revenue \$)

FLORIDA BLOOD SERVICES, INC, WAS INCORPORATED ON JULY 27, 1992, AS A FLORIDA NOT-FOR-PROFIT ORGANIZATION TO SUPPORT, PROMOTE AND STRENGTHEN AN AFFILIATED BLOOD BANKING GROUP LOCATED IN PINELLAS, LEON, PASCO, HILLSBOROUGH, MANATEE, POLK, ESCAMBIA, OKALOOSA AND BAY COUNTIES, FLORIDA ON SEPTEMBER 23, 1992, THE AFFILIATED GROUP ADOPTED A CORPORATE RESTRUCTURING PLAN TO MERGE ITS NET ASSETS EFFECTIVE JULY 1, 1994 THE PRIMARY PURPOSE OF FLORIDA BLOOD SERVICES IS TO PROVIDE A SAFE AND STABLE SUPPLY OF BLOOD AND COMPONENTS TO HOSPITALS AND MEDICAL FACILITIES FLORIDA BLOOD SERVICES COLLECTS BLOOD FROM VOLUNTEER DONORS AND PROCESSES THE WHOLE BLOOD INTO BLOOD COMPONENTS SUCH AS RED CELLS, PLATELETS AND PLASMA BLOOD AND BLOOD COMPONENTS ARE THEN STORED AND DISTRIBUTED TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS FLORIDA BLOOD SERVICES ALSO PROVIDES COMPATIBILITY TESTING FOR PATIENTS IN MANY OF THE HOSPITALS IT SERVES IN ADDITION, THE CENTER PROVIDES THERAPEUTIC APHERESIS PROCEDURES FOR HOSPITAL PATIENTS IN OUR REGION THE CENTER PROVIDES FREE CHOLESTEROL SCREENING FOR ALL DONORS AND PARTICIPATES IN HEALTH FAIRS THROUGHOUT THE REGION THE CENTER, IN COOPERATION WITH THE UNIVERSITY OF SOUTH FLORIDA AND ST PETERSBURG COLLEGE, PROVIDES FREE LABORATORY TRAINING IN BLOOD BANKING FOR MEDICAL TECHNOLOGISTS AND TECHNICIANS FLORIDA BLOOD SERVICES ALSO OFFERS AN ACCREDITED GRADUATE PROGRAM THROUGH ITS SPECIALIST IN BLOOD BANKING (SBB) SCHOOL THE CENTER PROVIDES ROTATIONS FOR BLOOD BANK TRAINING FOR PATHOLOGY AND HEMATOLOGY RESIDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA FLORIDA BLOOD SERVICES IS A CONFERENCE SITE FOR THE MONTHLY EDUCATIONAL TELECONFERENCES SPONSORED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS (AABB) THESE CONFERENCES ARE PROVIDED AT NO CHARGE TO THE HEALTHCARE PERSONNEL IN OUR REGION FLORIDA BLOOD SERVICES SERVES AS A CLINICAL TRIAL SITE FOR NEW TESTS OR INSTRUMENTS THAT WILL FURTHER ENHANCE THE SAFETY OF THE BLOOD SUPPLY FLORIDA BLOOD SERVICES IS ALSO A REGIONAL HUB TO COORDINATE AND SUPPLY BLOOD IN CASE OF A NATIONAL DISASTER OR IF CALLED UPON TO SUPPORT THE MILITARY FLORIDA BLOOD SERVICES IS ASSESSED AND ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS & A LICENSED FLORIDA, NEW YORK STATE, AND CALIFORNIA LABORATORY THE BLOOD CENTER HOLDS LICENSES FOR BLOOD COMPONENTS AND ESTABLISHMENTS FROM THE FOOD AND DRUG ADMINISTRATION (FDA)AND IS MEDICARE CERTIFIED AS WELL AS LICENSED UNDER THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e
















Total program service expenses

\$ 108,515,534

Form 990 (2010)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	22		
b	Enter the number of voting members included in line 1a, above, who are independent	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed FL , GA , AL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. T HARRY LINN 10100 MARTIN LUTHER KING JR ST N ST PETERSBURG, FL 33716 (727) 568-5433

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN LANGFORD DIRECTOR	1.00	X						0	0	0
(2) ANDY WILLIAMS DIRECTOR	1.00	X						0	0	0
(3) BRYAN DESLOGE DIRECTOR	1.00	X						0	0	0
(4) CHRISTOPHER S STILES BOARD CHAIRMAN	1.00	X						0	0	0
(5) DICK CLARKE DIRECTOR	1.00	X						0	0	0
(6) DICK CRIPPEN DIRECTOR	1.00	X						0	0	0
(7) DON O'LEARY DIRECTOR	1.00	X						0	0	0
(8) GEORGE CRETEKOS DIRECTOR	1.00	X						0	0	0
(9) HAROLD L HARKINS JR TREASURER	1.00	X						0	0	0
(10) JERRY QUINLAN DIRECTOR	1.00	X						0	0	0
(11) JOHN C BABKA MD DIRECTOR	1.00	X						0	0	0
(12) JOHN F WINDHAM VICE CHAIRMAN	1.00	X						0	0	0
(13) JOHN W HAMILTON SECRETARY	1.00	X						0	0	0
(14) JOSEPH D SMITH DIRECTOR	1.00	X						0	0	0
(15) MARK A NOON DIRECTOR	1.00	X						0	0	0
(16) MARTHA A LOCKHART DIRECTOR	1.00	X						0	0	0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MARYELLEN SHOWN DIRECTOR	1 00	X						0	0	0
(18) ROY BERTKE IMMED PAST C	1 00	X						0	0	0
(19) THOMAS P VECCHIO DIRECTOR	1 00	X						0	0	0
(20) TIM O'BRIEN NORTH REGION	1 00	X						0	0	0
(21) VITAUTS M GULBIS ESQUIRE DIRECTOR	1 00	X						0	0	0
(22) DONALD DODDRIDGE PRESIDENT	40 00			X				461,210	0	59,155
(23) GERMAN F LEPARC MED OFFICER	40 00			X				392,551	0	59,059
(24) THOMAS KURELLA VP EXEC	40 00			X				260,873	0	31,035
(25) ALICE BARR VP	40 00			X				238,179	0	30,450
(26) JEANNE DARIOTIS VP	40 00			X				237,558	0	35,086
(27) MERRI B MAIR VP	40 00			X				235,230	0	36,271
(28) JOHN B GASKINS VP	40 00			X				203,204	0	20,752
(29) RUTH ZATIK VP	40 00			X				180,414	0	25,147
(30) JANE RILEY LEACH VP	1 00			X				0	163,438	22,897
(31) MATTHEW MORRISON MONTGOMERY ASST MED DIR	40 00					X		191,452	0	22,894
(32) HARRY LINN DIRECTOR OF	40 00					X		139,679	0	19,392
(33) PAULINE MICHELLE SIMMONDS BROWN DIST EXEC DI	40 00					X		137,775	0	22,348
(34) JUDY NORCIA CORPORATE DI	40 00					X		125,614	0	18,997
(35) CHANDLER DAVID MAPES DIR IS	40 00					X		124,455	0	9,412
(36) EUGENE ROBERTS FORMER EXEC	000 00						X	0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,928,194	163,438	412,895

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	16
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3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		Yes	No
		3	Yes	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	5,500,850		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$		3,751,332		
	h	Total. Add lines 1a-1f		5,500,850		
Program Service Revenue			Business Code			
	2a	SALE OF BLOOD, CMPNTS & ANCIL		92,795,148	92,795,148	
	b	CLIENT TESTING SERVICES		18,914,343	18,914,343	
	c	RESOURCE SHARING		3,423,618	3,423,618	
	d	CTS SERVICE REVENUE		1,843,716	1,843,716	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		116,976,825		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,152,182	3,632,553	519,629
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross Rents	(i) Real	(ii) Personal		
	b	Less rental expenses	2,014,613			
	c	Rental income or (loss)	2,014,613			
	d	Net rental income or (loss)			2,014,613	2,014,613
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	7,045,563	56,862		
	c	Gain or (loss)	6,885,701	65,019		
	d	Net gain or (loss)	159,862	-8,157	151,705	151,705
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	OTHER INCOME		237,200	237,200		
b	CLARO SCIENTIFIC, LLC K-1	541700	11,543		11,543	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		248,743			
12	Total revenue. See Instructions		129,044,918	120,846,578	11,543	2,685,947

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	353,750	353,750		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,442,178	2,208,034	234,144	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	41,494,577	37,516,284	3,978,293	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,783,973	2,516,712	267,261	
9	Other employee benefits	5,160,554	4,665,141	495,413	
10	Payroll taxes	3,171,777	2,867,286	304,491	
a	Fees for services (non-employees)				
	Management				
b	Legal	230,085	207,997	22,088	
c	Accounting	108,927	98,470	10,457	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	731,677	661,436	70,241	
12	Advertising and promotion	3,117,229	2,817,975	299,254	
13	Office expenses	569,114	514,479	54,635	
14	Information technology	23,156	20,933	2,223	
15	Royalties				
16	Occupancy	2,838,204	2,565,736	272,468	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	360,396	325,798	34,598	
20	Interest	193,856	175,246	18,610	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,244,768	5,645,270	599,498	
23	Insurance	1,516,580	1,370,988	145,592	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLIES	20,891,140	20,891,140		
b	TESTING BY CTS	14,587,677	14,587,677		
c	AUTO EXPENSE	2,167,487	1,959,408	208,079	
d	REPAIRS AND MAINTENANCE	2,143,300	1,937,543	205,757	
e	POSTAGE	1,658,723	1,465,529	193,194	
f	All other expenses	3,411,949	3,142,702	269,247	
25	Total functional expenses. Add lines 1 through 24f	116,201,077	108,515,534	7,685,543	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			11,894,220	2	13,515,735
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			16,285,557	4	13,074,891
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L				6	
	7	Notes and loans receivable, net			94,939	7	1,549,011
	8	Inventories for sale or use			3,763,056	8	3,395,846
	9	Prepaid expenses and deferred charges			1,637,208	9	1,296,039
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	100,077,850			
	b	Less accumulated depreciation	10b	46,691,754	47,261,307	10c	53,386,096
	11	Investments—publicly traded securities			15,596,890	11	17,468,077
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			224,538	14	213,232
	15	Other assets. See Part IV, line 11			3,006,420	15	10,280,042
16	Total assets. Add lines 1 through 15 (must equal line 34)			99,764,135	16	114,178,969	
Liabilities	17	Accounts payable and accrued expenses			13,314,611	17	12,898,346
	18	Grants payable				18	
	19	Deferred revenue			472,706	19	510,494
	20	Tax-exempt bond liabilities			12,000,000	20	11,500,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			3,426,049	23	3,073,315
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	1,277,170
	26	Total liabilities. Add lines 17 through 25			29,213,366	26	29,259,325
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			69,423,429	27	83,696,970
	28	Temporarily restricted net assets			1,095,840	28	1,191,174
	29	Permanently restricted net assets			31,500	29	31,500
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			70,550,769	33	84,919,644
34	Total liabilities and net assets/fund balances			99,764,135	34	114,178,969	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,044,918
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,201,077
3	Revenue less expenses Subtract line 2 from line 1	3	12,843,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,550,769
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,525,034
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	84,919,644

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number
59-3145469

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	284,677	410,684	1,051,649	1,487,952	5,500,850	8,735,812
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	78,634,614	90,214,488	109,149,349	131,415,405	116,976,825	526,390,681
3 Gross receipts from activities that are not an unrelated trade or business under section 513					56,862	56,862
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	78,919,291	90,625,172	110,200,998	132,903,357	122,534,537	535,183,355
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						535,183,355

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	78,919,291	90,625,172	110,200,998	132,903,357	122,534,537	535,183,355
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	814,216	1,012,283	463,352	648,334	2,534,242	5,472,427
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	814,216	1,012,283	463,352	648,334	2,534,242	5,472,427
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,750		96,539	42,932	3,869,753	4,017,974
13 Total support (Add lines 9, 10c, 11 and 12.)	79,742,257	91,637,455	110,760,889	133,594,623	128,938,532	544,673,756
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98.260%	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99.290%	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1 000 %
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	1 000 %
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number
59-3145469

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☒ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

No

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,653,363		8,653,363
b Buildings		38,814,993	10,859,143	27,955,850
c Leasehold improvements				
d Equipment		38,336,862	25,904,605	12,432,257
e Other		14,272,632	9,928,006	4,344,626
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				53,386,096

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	129,044,918
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	116,201,077
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,843,841
4	Net unrealized gains (losses) on investments	4	1,412,573
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	112,461
9	Total adjustments (net) Add lines 4 - 8	9	1,525,034
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,368,875

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	130,569,952
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,412,573
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	124,004
e	Add lines 2a through 2d	2e	1,536,577
3	Subtract line 2e from line 1	3	129,033,375
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	11,543
c	Add lines 4a and 4b	4c	11,543
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	129,044,918

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	116,201,077
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	116,201,077
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	116,201,077

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES. THE ORGANIZATION IS CLASSIFIED AS AN EXEMPT PUBLIC CHARITY. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009. THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS. THE 2007, 2008, AND 2009 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). THE ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS THE ORGANIZATION BEEN CONTACTED BY THE IRS.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CHANGE IN NET ASSETS FOUNDATIONS-EQUITY ACCOUNTING METHOD 124,004 LOSS FROM CLARO SCIENTIFIC, LLC K-1 -11,543
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CHANGE IN NET ASSETS FOUNDATIONS-EQUITY ACCOUNTING METHOD 124,004
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	LOSS FROM CLARO SCIENTIFIC, LLC K-1 11,543

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
FLORIDA BLOOD SERVICES INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
59-3145469

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FLORIDA BLOOD SERVICES FOUNDATION 10100 DR ML KING JR ST N ST PETERSBURG, FL 33716	59-2216675	3	273,867				SUPPORT
(2) NFBS FOUNDATION INC 1999 EAST NINE MILE ROAD PENSACOLA, FL 32514	59-3735424	3		76,903	COST	FORGIVEN AMTS	SUPPORT

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	THE FOUNDATIONS MAKE REQUESTS FOR FUNDS WITH APPROPRIATE DOCUMENTATION OF ITEMS NEEDED FLORIDA BLOOD SERVICES, INC RAISES MONEY AND GIVES GRANTS TO THE FOUNDATIONS FOR REQUESTED ITEMS THE FOUNDATIONS PROVIDE DOCUMENTATION THAT GRANT MONEY HAS BEEN USED FOR INTENDED PURPOSE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number

59-3145469

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div>		
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>		
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div>a Receive a severance payment or change-of-control payment from the organization or a related organization?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONALD DODDRIDGE	(i) (ii)	461,210			49,000	10,155	520,365	
(2) GERMAN F LEPARC	(i) (ii)	392,551			49,000	10,059	451,610	
(3) THOMAS KURELLA	(i) (ii)	260,873			24,526	6,509	291,908	
(4) ALICE BARR	(i) (ii)	238,179			23,994	6,456	268,629	
(5) JEANNE DARIOTIS	(i) (ii)	237,558			24,447	10,639	272,644	
(6) MERRI B MAIR	(i) (ii)	235,230			24,038	12,233	271,501	
(7) JOHN B GASKINS	(i) (ii)	203,204			19,665	1,087	223,956	
(8) RUTH ZATIK	(i) (ii)	180,414			18,289	6,858	205,561	
(9) JANE RILEY LEACH	(i) (ii)	163,438			16,308	6,589	186,335	
(10) MATTHEW MORRISON MONTGOMERY	(i) (ii)	191,452			13,633	9,261	214,346	
(11) HARRY LINN	(i) (ii)	139,679			10,115	9,277	159,071	
(12) PAULINE MICHELLE SIMMONDS BROWN	(i) (ii)	137,775			10,641	11,707	160,123	
(13) EUGENE ROBERTS	(i) (ii)							
(14)								
(15)								
(16)								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	DONALD DODDRIDGE 0 154,261 0 GERMAN F LEPARC 0 54,760 0 EUGENE ROBERTS 49,153 0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number
59-3145469

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF ST PETERSBURG HEALTH FACIL	59-6000424	793309HS7	06-01-2008	12,500,000	SEE SCHEDULE O		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	11,500,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow	7,308,547							
7	Issuance costs from proceeds	308,089							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	4,500,000							
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	SCHEDULE K	CITY OF ST PETERSBURG HEALTH FACIL TO ACQUIRE RENOVATE EQUIP PROPERTY BUILDING ADJACENT TO EXISTING FBS PROPERTY 5M AND TO REFINANCE 1999 BOND ISSUE ASSOCIATED WITH ACQUIRING RENOVATING EXISTING FBS FACILITY 7M

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number
59-3145469

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial	X	2	3,751,332	FAIR MARKET VALUE
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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<div>SCHEDULE O</div> <div>(Form 990 or 990-EZ)</div> <div> Department of the Treasury Internal Revenue Service </div>	<div>Supplemental Information to Form 990 or 990-EZ</div> <div> Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990 or 990-EZ. </div>	OMB No 1545-0047
		<div>2010</div> <div>Open to Public Inspection</div>
	<div>Name of the organization</div> <div>FLORIDA BLOOD SERVICES INC</div>	<div>Employer identification number</div> <div>59-3145469</div>

Identifier	Return Reference	Explanation
ANY SIGNIFICANT CHANGES IN CONDUCT FOR PROGRAM SERVICES	FORM 990, PAGE 2, PART III, LINE 3	EFFECTIVE JANUARY 1, 2010 BLOOD SY STEMS, INC (BSI) AND THE ORGANIZATION ENTERED INTO A JOINT VENTURE TO FORM CREATIVE TESTING SOLUTIONS (CTS), A 501(C)(3) ORGANIZATION THIS JOINT VENTURE PERFORMS ALL DONOR TESTING SERVICES FOR BSI AND THE ORGANIZATION, AND ALL PRIOR CUSTOMERS OF BOTH ORGANIZATIONS CTS IS ACTIVELY MARKETING TO ACQUIRE NEW CUSTOMERS THE BOARD OF DIRECTORS OF CTS IS COMPRISED OF STAFF AND MEMBERS OF THE BOARDS OF BOTH THE ORGANIZATION AND BSI THE OFFICERS OF CTS INCLUDE STAFF FROM BOTH BSI AND THE ORGANIZATION TESTING ACTIVITIES ARE CONDUCTED IN THE EXISTING LABORATORIES OF BSI (TEMPE, ARIZONA AND BEDFORD, TEXAS) AND THE ORGANIZATION (ST PETERSBURG, FLORIDA) ALL EMPLOYEES PERFORMING WORK IN THESE LABORATORIES HAVE REMAINED EMPLOYEES OF BSI AND THE ORGANIZATION, RESPECTIVELY, AND ARE WORKING AS LEASED EMPLOYEES TO CTS BSI AND THE ORGANIZATION BILL CTS MONTHLY FOR THE COSTS OF THE LEASED EMPLOYEES' SALARIES AND RELATED BENEFITS, ALONG WITH COSTS OF LEASED EQUIPMENT, FACILITY RENT, OVERHEAD EXPENSES, AND OTHER SERVICES/REIMBURSABLE EXPENSES PROVIDED TO CTS CTS BILLS BSI AND THE ORGANIZATION, ALONG WITH ALL OTHER CUSTOMERS, MONTHLY FOR THE COST OF TESTING SERVICES PROVIDED ANY AND ALL NET PROFIT OR LOSSES FROM THE OPERATIONS OF CTS ARE SHARED BY BSI AND THE ORGANIZATION, WITH THE INITIAL AGREED-UPON SPLIT BETWEEN THE PARTIES BEING 75% TO BSI AND 25% TO THE ORGANIZATION THE INITIAL MEMBER EQUITY CONTRIBUTIONS TO CTS WERE COMPRISED OF 11,250,000 FROM BSI AND 3,750,000 FROM THE ORGANIZATION (NOTE L) THE ORGANIZATION ACCOUNTS FOR ITS SHARE OF CTS' EARNINGS USING THE EQUITY METHOD OF ACCOUNTING

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	HOSPITALS AND OTHER HEALTH CARE PROVIDERS FLORIDA BLOOD SERVICES ALSO PROVIDES COMPATIBILITY TESTING FOR PATIENTS IN MANY OF THE HOSPITALS IT SERVES IN ADDITION, THE CENTER PROVIDES THERAPEUTIC APHERESIS PROCEDURES FOR HOSPITAL PATIENTS IN OUR REGION THE CENTER PROVIDES FREE CHOLESTEROL SCREENING FOR ALL DONORS AND PARTICIPATES IN HEALTH FAIRS THROUGHOUT THE REGION THE CENTER, IN COOPERATION WITH THE UNIVERSITY OF SOUTH FLORIDA AND ST PETERSBURG COLLEGE, PROVIDES FREE LABORATORY TRAINING IN BLOOD BANKING FOR MEDICAL TECHNOLOGISTS AND TECHNICIANS FLORIDA BLOOD SERVICES ALSO OFFERS AN ACCREDITED GRADUATE PROGRAM THROUGH ITS SPECIALIST IN BLOOD BANKING (SBB) SCHOOL THE CENTER PROVIDES ROTATIONS FOR BLOOD BANK TRAINING FOR PATHOLOGY AND HEMATOLOGY RESIDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA FLORIDA BLOOD SERVICES IS A CONFERENCE SITE FOR THE MONTHLY EDUCATIONAL TELECONFERENCES SPONSORED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS (AABB) THESE CONFERENCES ARE PROVIDED AT NO CHARGE TO THE HEALTHCARE PERSONNEL IN OUR REGION FLORIDA BLOOD SERVICES SERVES AS A CLINICAL TRIAL SITE FOR NEW TESTS OR INSTRUMENTS THAT WILL FURTHER ENHANCE THE SAFETY OF THE BLOOD SUPPLY FLORIDA BLOOD SERVICES IS ALSO A REGIONAL HUB TO COORDINATE AND SUPPLY BLOOD IN CASE OF A NATIONAL DISASTER OR IF CALLED UPON TO SUPPORT THE MILITARY FLORIDA BLOOD SERVICES IS ASSESSED AND ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS & A LICENSED FLORIDA, NEW YORK STATE, AND CALIFORNIA LABORATORY THE BLOOD CENTER HOLDS LICENSES FOR BLOOD COMPONENTS AND ESTABLISHMENTS FROM THE FOOD AND DRUG ADMINISTRATION (FDA)AND IS MEDICARE CERTIFIED AS WELL AS LICENSED UNDER THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)

Identifier	Return Reference	Explanation
POLICIES AND PROCEDURES GOVERNING CHAPTERS	FORM 990, PAGE 6, PART VI, LINE 10B	EACH LOCATION HAS AN ONSITE MANAGER WHO REPORTS TO SUPERVISOR OR DIRECTOR WHO REPORTS TO VP AT FBS WHO REPORTS TO CEO AND THE BOARD

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE IT IS FILED

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ALL APPLICABLE PERSONS ASKED TO REVIEW POLICY AND ATTEST TO COMPLIANCE ON WRITTEN DOCUMENT ANNUALLY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	FLORIDA BLOOD SERVICES PARTICIPATES IN A NUMBER OF ANNUAL SALARY SURVEYS FOR ALL POSITIONS INCLUDING SENIOR MANAGEMENT AND EXECUTIVE TEAM MEMBERS SURVEYS INCLUDE INDUSTRY SPECIFIC, NON-PROFIT AND GENERAL BUSINESS SURVEYS PLEASE SEE BELOW FOR A PARTIAL LISTING OF SURVEYS PARTICIPATED IN AND RESOURCES USED -GUIDESTAR (NON-PROFIT DATA) -ERI (ECONOMIC RESOURCE INSTITUTE) -COMP DATA -COMP FACTS -SALARY SURVEY ON-LINE -AABB (AMERICAN ASSOCIATION OF BLOOD BANKS) -ABC (AMERICA'S BLOOD CENTERS)

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	FLORIDA BLOOD SERVICES PARTICIPATES IN A NUMBER OF ANNUAL SALARY SURVEYS FOR ALL POSITIONS INCLUDING SENIOR MANAGEMENT AND EXECUTIVE TEAM MEMBERS. SURVEYS INCLUDE INDUSTRY SPECIFIC, NON-PROFIT AND GENERAL BUSINESS SURVEYS. PLEASE SEE BELOW FOR A PARTIAL LISTING OF SURVEYS PARTICIPATED IN AND RESOURCES USED. -GUIDESTAR (NON-PROFIT DATA) -ERI (ECONOMIC RESOURCE INSTITUTE) -COMP DATA -COMP FACTS -SALARY SURVEY ON-LINE -AABB (AMERICAN ASSOCIATION OF BLOOD BANKS) -ABC (AMERICA'S BLOOD CENTERS)

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	JANE RILEY LEACH IS AN OFFICER OF THIS ORGANIZATION AND PRESIDENT OF THE RELATED ORGANIZATION FLORIDA BLOOD SERVICES FOUNDATION, INC (FOUNDATION) HER RESPONSIBILITIES AT THE FOUNDATION REQUIRE 40 HOURS A WEEK

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
FLORIDA BLOOD SERVICES INC

Employer identification number
59-3145469

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NFBS FOUNDATION INC 1999 EAST NINE MILE ROAD PENSACOLA, FL 32514 59-3735424	BLOOD PROG	FL	501	11A	NA		No
(2) FLORIDA BLOOD SERVICES FOUNDATION 10100 DR ML KING JR ST N ST PETERSBURG, FL 33716 59-2216675	BLOOD PROG	FL	501	9	NA		No
(3) SOUTHEASTERN COMMUNITY BLOOD SVC OR 1731 RIGGINS ROAD TALLAHASSEE, FL 32308 35-2357648	BLOOD PROG	FL	501	9	NA		No
(4) CREATIVE TESTING SOLUTIONS 2424 W ERIE DRIVE TEMPE, AZ 85282 27-1120123	BLOOD TEST	AZ	501	10	NA		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

Yes

Yes

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 59-3145469

Name: FLORIDA BLOOD SERVICES INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) FLORIDA BLOOD SERVICES FOUNDATION	B	273,867	
(2) FLORIDA BLOOD SERVICES FOUNDATION	P	391,137	
(3) FLORIDA BLOOD SERVICES FOUNDATION	C	755,074	
(4) FLORIDA BLOOD SERVICES FOUNDATION	L		
(5) FLORIDA BLOOD SERVICES FOUNDATION	M		
(6) FLORIDA BLOOD SERVICES FOUNDATION	N		
(7) SOUTHEASTERN COMMUNITY BLOOD SVC	C	37,800	
(8) SOUTHEASTERN COMMUNITY BLOOD SVC	J	20	
(9) SOUTHEASTERN COMMUNITY BLOOD SVC	R	4,707,976	
(10) CREATIVE TESTING SOLUTIONS	B	3,750,000	
(11) CREATIVE TESTING SOLUTIONS	F	259,371	
(12) CREATIVE TESTING SOLUTIONS	I	1,973,279	
(13) CREATIVE TESTING SOLUTIONS	O	15,167,718	
(14) CREATIVE TESTING SOLUTIONS	P	8,599,088	
(15) FLORIDA BLOOD SERVICES FOUNDATION	B	273,867	
(16) FLORIDA BLOOD SERVICES FOUNDATION	P	391,137	
(17) FLORIDA BLOOD SERVICES FOUNDATION	C	755,074	
(18) FLORIDA BLOOD SERVICES FOUNDATION	L		
(19) FLORIDA BLOOD SERVICES FOUNDATION	M		
(20) FLORIDA BLOOD SERVICES FOUNDATION	N		
(21) SOUTHEASTERN COMMUNITY BLOOD SVC	C	37,800	
(22) SOUTHEASTERN COMMUNITY BLOOD SVC	J	20	
(23) SOUTHEASTERN COMMUNITY BLOOD SVC	R	4,707,976	
(24) CREATIVE TESTING SOLUTIONS	B	3,750,000	
(25) CREATIVE TESTING SOLUTIONS	F	259,371	
(26) CREATIVE TESTING SOLUTIONS	I	1,973,279	
(27) CREATIVE TESTING SOLUTIONS	O	15,167,718	
(28) CREATIVE TESTING SOLUTIONS	P	8,599,088	
(29) FLORIDA BLOOD SERVICES FOUNDATION	B	273,867	
(30) FLORIDA BLOOD SERVICES FOUNDATION	P	391,137	
(31) FLORIDA BLOOD SERVICES FOUNDATION	C	755,074	
(32) FLORIDA BLOOD SERVICES FOUNDATION	L		
(33) FLORIDA BLOOD SERVICES FOUNDATION	M		
(34) FLORIDA BLOOD SERVICES FOUNDATION	N		
(35) SOUTHEASTERN COMMUNITY BLOOD SVC	C	37,800	
(36) SOUTHEASTERN COMMUNITY BLOOD SVC	J	20	
(37) SOUTHEASTERN COMMUNITY BLOOD SVC	R	4,707,976	
(38) CREATIVE TESTING SOLUTIONS	B	3,750,000	
(39) CREATIVE TESTING SOLUTIONS	F	259,371	
(40) CREATIVE TESTING SOLUTIONS	I	1,973,279	
(41) CREATIVE TESTING SOLUTIONS	O	15,167,718	
(42) CREATIVE TESTING SOLUTIONS	P	8,599,088	

Additional Data

Software ID:

Software Version:

EIN: 59-3145469

Name: FLORIDA BLOOD SERVICES INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN LANGFORD DIRECTOR	1 00	X						0	0	0
ANDY WILLIAMS DIRECTOR	1 00	X						0	0	0
BRYAN DESLOGE DIRECTOR	1 00	X						0	0	0
CHRISTOPHER S STILES BOARD CHAIRM	1 00	X						0	0	0
DICK CLARKE DIRECTOR	1 00	X						0	0	0
DICK CRIPPEN DIRECTOR	1 00	X						0	0	0
DON O'LEARY DIRECTOR	1 00	X						0	0	0
GEORGE CRETEKOS DIRECTOR	1 00	X						0	0	0
HAROLD L HARKINS JR TREASURER	1 00	X						0	0	0
JERRY QUINLAN DIRECTOR	1 00	X						0	0	0
JOHN C BABKA MD DIRECTOR	1 00	X						0	0	0
JOHN F WINDHAM VICE CHAIRMA	1 00	X						0	0	0
JOHN W HAMILTON SECRETARY	1 00	X						0	0	0
JOSEPH D SMITH DIRECTOR	1 00	X						0	0	0
MARK A NOON DIRECTOR	1 00	X						0	0	0
MARTHA A LOCKHART DIRECTOR	1 00	X						0	0	0
MARYELLEN SHOWN DIRECTOR	1 00	X						0	0	0
ROY BERTKE IMMED PAST C	1 00	X						0	0	0
THOMAS P VECCHIO DIRECTOR	1 00	X						0	0	0
TIM O'BRIEN NORTH REGION	1 00	X						0	0	0
VITAUTS M GULBIS ESQUIRE DIRECTOR	1 00	X						0	0	0
DONALD DODDRIDGE PRESIDENT	40 00			X				461,210	0	59,155
GERMAN F LEPARC MED OFFICER	40 00			X				392,551	0	59,059
THOMAS KURELLA VP EXEC	40 00			X				260,873	0	31,035
ALICE BARR VP	40 00			X				238,179	0	30,450

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JEANNE DARIOTIS VP	40 00			X				237,558	0	35,086	
MERRI B MAIR VP	40 00			X				235,230	0	36,271	
JOHN B GASKINS VP	40 00			X				203,204	0	20,752	
RUTH ZATIK VP	40 00			X				180,414	0	25,147	
JANE RILEY LEACH VP	1 00			X				0	163,438	22,897	
MATTHEW MORRISON MONTGOMERY ASST MED DIR	40 00					X		191,452	0	22,894	
HARRY LINN DIRECTOR OF	40 00					X		139,679	0	19,392	
PAULINE MICHELLE SIMMONDS BROWN DIST EXEC DI	40 00					X		137,775	0	22,348	
JUDY NORCIA CORPORATE DI	40 00					X		125,614	0	18,997	
CHANDLER DAVID MAPES DIR IS	40 00					X		124,455	0	9,412	
EUGENE ROBERTS FORMER EXEC	000 00						X	0	0	0	